

## Ifield Park Care Home Limited

# Ifield Park Care Home

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 5 and 12 May 2015 and was unannounced.

Ifield Park providing nursing care, personal care and accommodation for up to 73 people. Care is delivered across three separate buildings, according to people's individual needs. Nursing care is provided from Woodroffe Benton for up to 21 people. Penn Court provides a residential care for up to 26 people. Ellwood Place provides care for up to 21 people living with dementia..

During our inspection the registered manager was present. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

Staff knew each person's individual needs, traits and personalities. Care plans were in place which provided detailed information for staff on how to deliver people's care.

The home had good systems in place to keep people safe. People told us they felt safe. Staff were aware of their responsibilities in relation to safeguarding. The manager was clear about when to report concerns and the processes to be followed to inform the local authority and the Commission in order to keep people safe. Medicines were managed safely.

People were encouraged to make choices within their capacity. Risk assessments and support plans were in place which covered potential risks to people and ways to minimize these were recorded and acted upon. People were supported to access healthcare services and to maintain good health.

There were enough staff on duty to provide people with the care they needed. Appropriate recruitment checks were completed to ensure staff were safe to support people. Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. Staff received training, supervision and appraisal that supported them to undertake their roles and to meet the needs of people.

Ifield Park met the requirements of the Deprivation of Liberty Safeguards (DoLS) and acted in accordance with the Mental Capacity Act 2005 principles. Staff were kind and caring and people were treated with respect. Staff knew what people could do for themselves and what support was needed. Staff were attentive to people and we saw high levels of engagement with them.

Staff and relatives told us that management of the home was good. Regular meetings were held with staff that encouraged open and transparent communication. Staff understood the vision and values of Ifield Park and the manager monitored that these were reflected in the support that people received.

The service had a formal procedure for receiving and handling concerns. Complaints could be made any staff member and then referred to the manager of the service. This meant people could raise their concerns with an appropriately senior person within the organisation.

Quality assurance audits were completed which helped ensure quality standards were maintained and legislation complied with. Accidents and incidents were acted upon and reviewed to prevent or minimise re-occurrence.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staffing numbers were sufficient to ensure people received a safe level of care. Staff were trained in safeguarding and knew what to do if they suspected abuse had taken place.

Medicines were handled in line with good practice and legislation. Risks associated with people, the environment and equipment had been identified and assessed appropriately.

Good



### Is the service effective?

The service was effective.

People were supported to eat balanced diets that promoted good health. They had access to health care professionals for regular check-ups or as needed.

Mental capacity assessments were undertaken for people. Appropriate Deprivation of Liberty referrals were made and best interest decisions were made where people were assessed as lacking capacity to make certain decisions.

Staff were trained and knowledgeable about the people they worked with.

Good



### Is the service caring?

The service was caring.

People were well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care.

Staff the needs of people and ensured their dignity was maintained.

Good



### Is the service responsive?

The service was responsive.

People and their relatives were regularly asked for their views which was used to improve the service. Comments from people and relatives were positive.

Care plans were in place to ensure that people received care that was personalised to meet their needs.

Good



### Is the service well-led?

The service was well-led.

Staff felt supported by management and staff meetings were held every month. Staff said they were well trained and understood what was expected of them.

Systems were in place to ensure that accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to enable a high standard of service delivery. The service worked collaboratively with others.

Good



# Ifield Park Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 12 May 2015 and was unannounced. The inspection team consisted of one inspector and a specialist nurse.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and all the information we held about the service and the provider. This included previous inspection reports and any notifications sent to us. A notification is information about important events which the service is required to send us by law. We used this information to plan the areas to focus on during our inspection.

We spoke with nine people who lived at Ifield Park and five relatives. We also spoke with 12 care staff, two nurses, the registered manager, the deputy manager, two admin staff, the facilities manager and a visiting community healthcare support worker.

We observed people and staff interacting together during the day. We saw people taking part in activities in the lounges and dining areas during the day. We also spent time observing part of the meal time experience people had.

We looked at the care records for seven people living at the service, the medication administration records, the staff rota, staff training records and three staff recruitment files. We saw a number of documents relating to the management of the service. For example, utility safety certificates, fire risk assessment, provider monthly visit records, quality assurance reports, policies and procedures, accident and incident reports, meeting minutes and satisfaction surveys.

Ifield Park was last inspected on 11 February 2014 and there were no concerns.

# Is the service safe?

## Our findings

People told us they felt safe at Ifield Park. They told us that they would speak to a staff member if they had any concerns. We saw that people looked at ease with the staff that were caring for them.

Staff confirmed they had received safeguarding training and were able to describe the various types of abuse and what might indicate if abuse was taking place. They were aware of their responsibilities in relation to safeguarding and told us what they would do if they suspected abuse was taking place. They said that they would speak to the manager or social services. The manager was clear about when to report concerns. She was able to explain the processes to be followed to inform the local authority and the CQC. The manager also made sure staff understood their responsibilities in this area. The service had a safeguarding policy in place for staff to follow.

Risks to people were managed safely. Personal risk assessments were in people's care records on areas such as mobility, nutrition, falls, skin integrity and pressure sores. The risks assessments contained clear guidelines for staff to follow. We saw that people moved around the home freely. We saw staff assist one person to move safely into a wheelchair so that they could visit the hairdresser.

Risks associated with the safety of the environment and equipment had been identified and managed appropriately. Fire alarm checks had been recorded. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, staff safety and welfare. The service had processes in place, and had identified actions to be taken, to ensure people were kept safe and their welfare maintained.

Staffing levels were assessed to ensure people's safety. Staff rotas showed there were sufficient staff to support and meet people's needs safely and that these numbers were consistent over time. All staff we spoke to felt that the staffing numbers were sufficient to meet the needs of the people living at Ifield Park. Comments from staff included, "There is usually enough staff. Staff are rarely sick, and if they are agency staff are used to make up the numbers," and, "We work as a team and help each other with the work. If staff numbers are depleted agency staff would be brought in." A relative told us there were always enough staff. People's dependency was considered in planning the staffing numbers and was responsive to people's changing needs. A recent staff meeting discussed the staffing levels in relation to people's dependency levels. As a result of this, the supper time staffing hours had been increased in the nursing unit so that the lounge remained supervised whilst people were being assisted to their bedrooms. Staff were recruited in line with safe practice and staff files confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk.

Medicines were stored, administered, ordered and disposed of safely. Medicine administration records (MAR) charts were completed appropriately for people and staff signed each entry. The charts contained information about people's prescribed medicines, how often these needed to be taken and were signed to show when medicines had been administered. Any medicines that were required to be refrigerated were stored in a fridge in one of the medication rooms. Medicines were kept securely in locked cupboards. There were guidelines for the administration of medicines required as needed (PRN).

# Is the service effective?

## Our findings

We observed staff seeking people's agreement before supporting them and then waiting for a response before acting. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the choice available. Where people declined choices offered, staff respected these decisions.

Ifield Park was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager and senior staff understood when an application should be made, how to submit one and the implications of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. The manager told us that everyone living at the service was assessed if they needed to be subject to a DoLS authorisation to restrict their liberty. Care records showed these assessments were regularly reviewed. The registered manager had submitted applications for a DoLS authorisation for three people.

Staff had a good working knowledge on DoLS and the Mental Capacity Act 2005 despite not receiving any formal training. We were told that the registered manager and unit managers had attended training provided by West Sussex County Council and had cascaded this information to the staff.

Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was an assessment to show otherwise. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people's best interests. Where people lacked capacity to make certain decisions, assessments had been completed and best interest decisions were made which protected people's rights whilst keeping them safe.

People had enough to eat and drink throughout the day and night. We saw that people were regularly offered drinks and snacks throughout the day. We observed the lunchtime meal experience in one of the units. There was a

calm and relaxed atmosphere. Staff and people were chatting and the mealtime was friendly and inclusive. People appeared to enjoy their meal. The food had an appetising smell and looked attractive. Lunch was taken in varying places within the home according to people's preferences. Care plans contained information about people's dietary needs and malnutrition risk assessments to inform staff on how to support people with good nutrition and hydration. People's weight was recorded to monitor whether people maintained a healthy weight. We saw that people's known preferences were detailed in their care records. Staff knew people's preferences and told us people were able to indicate their likes and dislikes by facial expression, body language or refusal. Advice was sought in relation to nutrition and swallowing risk from professionals and the advice was used to ensure people ate and drank in sufficient amounts and in line with their needs.

People had access to healthcare relevant to their conditions, including GPs, speech and language therapist and diabetic specialist nurse. Staff knew people well and referrals for regular healthcare checks were recorded in people's care records. People had detailed information recorded about them which provided hospital staff with important information about their health if they were admitted to hospital. One person told us they, "Felt well looked after," and, "It's always possible to see a nurse or doctor here if you want to".

Routine observations such as temperature, pulse, blood pressure, respirations and oxygen saturations were carried out on admission and monthly thereafter. Observations were also recorded if a person's condition deteriorated. Staff were aware of that the behaviour of people might change if they became unwell and told us that quick recognition of this and appropriate treatment would reduce the risks to people.

Staff had received essential training within three to six months of joining the service. Staff completed a nationally recognised standard of training which covered key topics that staff working in adult social care need to meet before they can safely work unsupervised. They also received additional training specific to the needs of the service. Certificates were completed when staff fulfilled training requirements. One new member of staff felt that the dementia and diabetes training that they had received

## Is the service effective?

meant that they were more able to give care and support effectively. A relative of a person living with dementia told us that they felt satisfied that the staff had the skills and experience to manage the person's care.

Staff told us that they usually had supervisions with their manager about every two months. Staff told us there was sufficient time within the working day for staff to speak with the manager. Staff told us that they could discuss any issues or concerns during the shift handover. During our

visit we observed the shift handover in one of the units. We saw that discussion took place regarding peoples' care. Staff were able to suggest different ways of doing things and make suggestion regarding improving peoples quality of life. Staff felt that they were inducted, trained and supervised effectively to perform their duties. This support and supervision contributed to staff understanding their roles and providing effective care to people.

# Is the service caring?

## Our findings

Positive, caring relationships had been developed between people and the staff who supported them. All relatives we spoke with thought people were well cared for and treated with respect and dignity and their independence promoted. A person told us that staff were very quick to answer the call bells which enabled her to use the toilet.

We observed people smiling and choosing to spend time with staff who always gave people time and attention. Exchanges between people and staff were positive and respectful and there was a shared sense of humour. Staff took the time to ensure people's reading glasses were clean. We saw people were offered additional drinks if they had forgotten to drink them. We heard a staff member saying, "Isn't that tea cold? Would you like me to make you a fresh one? Can I tempt you with a biscuit".

Staff knew what people could do for themselves and areas where support was needed. Staff appeared dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records. Relationships between people and staff were warm, friendly and sincere. Staff chatted with people who appeared to enjoy their company. The overall impression

was of a warm, friendly, safe and relaxed environment where people were happy and engaged in their own individual interests as well as being supported when needed. Relatives told us that, "The girls are lovely", "The staff are very caring" and, "I can talk to the staff, but more importantly they listen, really listen."

One person told us that everything about their day at the home was explained to her, and that she always felt in charge. People were able to stay in their rooms if they wanted to and spend time on their own. Staff respected this. Staff told us people were always able to exercise choice such as meal times and dressing. We were told that, if unwise choices were made, usually staff were able to negotiate by kind explanation or giving suggestions for a more appropriate choice. For example, "It seems a little chilly for that thin blouse, what about your favourite cardigan on top?"

The registered manager told us she spent time with people on a daily basis in order to observe the care and to monitor how staff treated people. Records confirmed that the manager also discussed staff practices within supervision and at staff meetings. We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in the manager's company and were used to spending time with her.

# Is the service responsive?

## Our findings

During our inspection there was a lively atmosphere within the home. We observed some people were engaged in activities including word games and jigsaw puzzles. Activities were organised in line with people's personal preferences and staff supported them where necessary. One relative told us their relative, "Used to enjoy the bingo and music and movement before they became too weak to attend" People were able to move freely around the service. A relative told us they, "Can go out into the gardens if we choose." People were able to visit their families or friends and this was encouraged and supported.

People received personalised care which reflected their needs. Care records showed care plans were in place which provided detailed information for staff on how to deliver people's care. For example, information about people's personal care and physical well-being, communication and mobility. Care records were person-centred, meaning the needs and preferences of people were central to their care plans. The files were well-organised and contained current and useful information about people. The records included people's individual characteristics, likes and dislikes, places

and activities they valued. Daily records provided detailed information for each person and were kept in files. Staff could see at a glance what care people had received and how they were feeling. We were told that care plans were updated whenever a person's needs changed. We saw the care plans accurately reflected the care being given.

The home had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was available within the home. A relative told us they were aware of the management structure within the home and knew who to report any concerns to. The relative showed us an information booklet kept in each person's room. This booklet gave clear details of what to do if people or their families had any concerns. Complaints could be made to any staff member and would be passed on to the manager of the service. This meant people could raise their concerns with an appropriately senior person within the organisation.

The service produced a monthly newsletter which was displayed on the notice board. The newsletter gave general information about the home and what was going on. We were told that the newsletter was e-mailed to relatives if requested.

# Is the service well-led?

## Our findings

There was a positive culture at Ifield Park which was open, inclusive and empowering. Communication between people, families and staff was encouraged in an open way. A relative told us, "It's absolutely marvellous here. I can't praise them enough. If I have any concerns or niggles I only have to say. I visit when I like, I'm always about, so I really see what's going on. It's the best place I've been."

Staff were motivated and told us the management at Ifield Park was good. Staff knew and understood what was expected of them. Handover between shifts was thorough with time to discuss matters relating to the previous shift. Staff meetings were held monthly at which staff could discuss all aspects of people's care and support and work as a team to resolve any difficulties or changes. One member of staff said, "The staff are a real team. I think it's a good place to work." Monthly heads of department meetings were also held to discuss compliance with regulations and overall quality of the service. Where improvements were identified, action was taken. For example, staffing levels were increased during supper time in response to a change in people's dependency. These mechanisms ensured the sharing of information and good practice and allowed any changes or concerns to be responded to in good time.

Staff said they felt well trained and supported within their roles and described a thorough induction, a range of on-going training, regular supervision and an 'open door' management approach. Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with the registered manager or other senior staff.

The registered manager demonstrated good knowledge and understanding of safeguarding issues in line with her position. There were clear whistle blowing procedures in place which the manager said were discussed with staff during supervision and at staff meetings. Discussions with

staff and records confirmed this. Staff said they would have no hesitation in reporting any concerns they had; they felt the registered manager would support them to do this in line with the provider's policy.

The registered manager showed a commitment to improving the service people received by ensuring her own personal knowledge and skills were updated. She had attended learning events about changes to legislation. The registered manager told us, and staff confirmed, that she passed on information to staff so that they could increase their knowledge. The registered manager told us that she maintained a high visual presence at Ifield Park and staff and relatives confirmed this. The registered manager was aware of the attitudes, values and behaviours of staff. She monitored these informally by observing practice and formally during staff supervisions and staff meetings.

A range of quality assurance audits were completed by the registered manager that helped ensure quality standards were maintained and legislation complied with. This checked that the desired level of quality of the service was maintained at every stage. These included audits of medication, infection control, care plans, nutrition, personnel files and complaints. There were systems in place to ensure accidents and incidents were reported, monitored and patterns were analysed so that appropriate measures could be put in place. For example, the number of falls on the dementia unit had been reduced by increasing staffing numbers to ensure there were always staff in the lounge.

Records relating to the quality of the service, audits undertaken, policies and procedures and other detailed information were easily accessible on shelves in the manager's office. These records were thoroughly completed, updated, well organised and had been indexed clearly. People's information was kept confidentially and policies and procedures were in place to protect people's confidential information.